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STATE OF MISSOURI } ss
CITY OF JEFFERSON }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

JUL 19 2000

Garland H Land
Garland H. Land
State Registrar of Vital Statistics

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 2? 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26989

BIRTH NO. | REG. DIST. NO. 149 | PRIMARY REG. DIST. NO. 1002 | Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City
c. LENGTH OF STAY: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Northeast Hospital

2. USUAL RESIDENCE
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City 3 "Rural"
d. STREET ADDRESS: 8720 Thompson

3. NAME OF DECEASED (Type or Print): a. (First) Jewell b. (Middle) c. (Last) Johnston

4. DATE OF DEATH: Aug. 5, 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
8. DATE OF BIRTH: March 29, 1901
9. AGE (In years last birthday): 50

10a. USUAL OCCUPATION: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE: Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: - Featherstone
13b. MOTHER'S MAIDEN NAME: Lorena Bell
14. NAME OF HUSBAND OR WIFE: Richard Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no — none
16. SOCIAL SECURITY NO: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Richard Johnston, Kansas City 3, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		Interval between onset and death
I. Disease or condition directly leading to death (a)	Primary carcinoma of Pancreas	3 yrs
Antecedent causes, due to (b)	Carcinoma of ...	2 yrs
Due to (c)	Cirrhosis of liver	4-6 yrs
II. Other significant conditions		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE | 21b. PLACE OF INJURY | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to Aug 5, 1951, that I last saw the deceased alive on Aug 5, 1951, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: Earle C. Sperry, DO
23b. ADDRESS: 10307 ...
23c. DATE SIGNED: 8/5/51

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. DATE: Aug. 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mt. Grove Cem.
24d. LOCATION: Independence, Mo.

DATE REC'D BY LOCAL REG.: 8-7-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)